Evamption Application

2500

Exen	np	Ш	on Applicatio	<u>n</u>			33(JU
California	corpo	orati	on number	FEIN		Secretary	of State (SOS) file no.	
Name of o	rgan	izati	on as shown in the organization	on's creating document				
							15	
Address (includ ing ,suite, room, or PMB no.)						Daytime telephone number		
City							State ZIP Code	
Nama of r	nroc	cont	ative to be contacted regarding	g additional requirements or information	<u> </u>		Daytime telephone number	
Name of R	spies	CIII	ative to be contacted regarding	J additional requirements of information	I		() =	
Represent	ative	's m	ailing address (includi ng ,suite	, room, or PMB no.)				
City							State ZIP Code	
							-	
	ALI	L an	plicants must complete ite	m 1 through item 7i. Also furnish t	ne information re	auested in i	item 8 through item 25, as applicat	ile.
l								
	(Information G.	, , , , , , , , , , , , , , , , , , ,				
	\	b	Primary activity of organiza	tion:		77		
	2	a	What is the legal form of th	e organization? \square Corporation [☐ Unincorporated	d associatio	n □ Trust □ Limited Liability C	ompany
			Date formed	_				
				urnish the following information:				
		(1) Date qualified in California(2) State in which formed						
				predecessor(s) previously applied for				
nclose,		b	If "Yes," check the appropriate box(es) below and enter either "Granted" or "Denied" and the date exemption was					
ut do			"Granted" or "Denied."					
ot staple				ate	Date		Other State Date	
any payments		c Enter the R&TC Section number under which the organization previously filed with the Franchise Tax Board						·
	Furnish copies of any determination letters received.							
		4 a Has the organization filed federal tax returns? Yes No						
		b If "Yes," state type of returns and years filed.						
	5	5 Annual accounting period (must end on last day of the month).						
	6		•				decessor(s), the period during which	Yes N
			it was in existence, the reasons for its termination, and the R&TC section number under which it previously filed with the FTB					
				ization? If "Yes," attach a statement				
				number of members in each class,				
		C		or are there plans to make, any disti				
				tatement				
				s share any facilities with the organiz				
				, purchased, or transferred in any wa				
				rator, founder, or member be employ			•	
				ilities, qualifications, and compensat				
		g		ard of directors be compensated for s				
				f "Yes," furnish the name(s) of the di				
				rector(s), indicating their blood or m				
				to conduct raffles or other gaming a	•		• •	
			conducted and how the org	anization will use the funds				
							Continu	ie to Item
							nchise Tax Board." Do not send cas	sh. Allow 90
				cks or money orders payable in U.S			t a U.S. financial insti <mark>t</mark> ution, and to the best of my knowledge and belie	f it is
			perjury, i declare that i nave ex complete.	лишви инъ арриванон, писиину ассотр	anymy someunies am	u statelliellis,	and to the best of my knowledge and belle	1, 11 18
								_
		DAT	E	SIGNATURE OF OFFICER (OR REPRESENTATIVE		TITI	.E